

PRACTICAL POINTS ON PRIVATE NURSING

IN CHARGE OF
ISABEL MCISAAC

HOUSEHOLD STERILIZATION

STERILIZATION is frequently written of as something very modern, but, granted that the word is new, the process is as old as the everlasting hills. Nature has not printed books upon the subject, but she has given clinical demonstration of its necessity ever since Eve suckled Cain and Abel.

Our grandmothers, and their grandmothers before them, did not call it sterilization, but when they established the weekly family wash they were practising what we are preaching about, and many of them might have given us practical points on the subject.

The usual method is that of putting the clothes to soak in cold water over night, the table linen being separated from wearing apparel. These are then washed through two warm soapsuds, boiled fifteen minutes in soapy water, rinsed twice in clear water, dried in the sun, and ironed with a hot iron. In small towns or the country this is almost perfect sterilization.

Likewise the semi-annual house-cleaning. When woodwork is scrubbed, wall-paper renewed, windows washed, carpets, rugs, furniture, and bedding beaten and put out into the sun, blankets washed, cellars, closets, and drains disinfected, we have every-day practical sterilization.

But sometimes when we are confronted with the necessity of perfect sterilization of surgical and obstetrical supplies our vision cannot go beyond nickel-plated steam sterilizers and the most expensive surgical dressings, and we do not realize that we can attain our object almost as perfectly, although with more trouble, by utilizing what the kindergartners call "home materials."

Beginning with sponges and dressings: nothing ever made is better for eye, mouth, and nipple sponges than old linen handkerchiefs cut into proper sizes; old napkins, table-cloths, and linen sheets and pillow-cases are admirable for larger sponges and dressings. If one can get butter-cloth and absorbent cotton, so much the better, but there is no excuse for infection because of the old linen.

The linen should be first properly washed by the process given, then

cut into the various sizes needed, sewed in small packages not too tightly packed, and labelled. Put these packages into an old pillow-case, again not too close together, because we will not have ten pounds of pressure; the open end of the pillow-case should be basted together, and one yard of a two-inch bandage pinned to each of its four corners. Give the family wash-boiler a thorough scrubbing with hot soapsuds, fill it half full of cold water, then suspend the pillow-cases on the under side of the boiler-cover by bringing the four ends of the bandage over the top and tying them to the handle. Fit the cover on as tight as possible and put upon the fire. It should boil one hour after the boiling-point is reached. The reason for beginning with cold water is that if the water is boiling and the cloths cold there will be so much condensation of steam that they will become very wet, which is much lessened by starting both at the same temperature. At the end of the hour put the pillow-case upon the grate of the kitchen oven and bake until it is quite dry and slightly browned. Do not open the pillow-case until needed and keep in a clean place. Several pillow-cases full may be done one after the other, to last several days if they are kept in a clean place and not opened until needed. A second baking may be given the small packages if they have to lie very long.

Towels, sheets, pillow-cases, bed-pads, confinement pads, nightgowns, and nightshirts (an excellent substitute for the doctors' surgical aprons) may all be prepared in the same way.

A new fifteen-cent dishpan makes a good pan for instruments, and even the old one may do duty if it is properly cleaned. The tall bedroom water-pitcher will hold the obstetric forceps after a preliminary boiling. An abdominal hysterectomy case has been known to make a perfect recovery when the instruments used at her operation had been boiled in the family potato-kettle.

The sterilization of milk or water is also a stumbling-block to many nurses and an unfathomable abyss to the average housewife.

The milkman comes in for such an amount of abuse that I often wonder no single voice has ever been raised in his behalf, not that he does not usually deserve it, and sometimes more, but there are instances when he is a long-suffering martyr to our neglect of common precaution. Wonderful tales are related of babies and adults snatched from the jaws of death by being carried to the cow to drink warm milk. One might infer from most of these tales that the recovery was due to the society of the milkman or the sight of the cow, but few ever mention that the credit is due to the sterile milk, which cannot become much contaminated from one receptacle, whereas if carried into the house and strained into cans or pans for distribution it goes into three or four dishes, not one of which is sterile.

The subject of kitchen sinks and dishcloths is one to which an investigating bacteriologist will turn some day and bring discredit upon the average kitchen by setting forth a list of microbes as long as the one in the medical dictionary. They do not realize the breadth of the field or they would have studied it long ago.

It is not only the baby but the adult who suffers from unclean cooking utensils, for there are many households whose tables present a good appearance whose pots, pans, and dishcloths would furnish abundant specimens for the microscopist. Drinking-water is surely familiar enough to all that we might realize the necessity for its purity, yet how often we know of families, nurses, and doctors (say it under your breath) who go on giving the typhoid patient the same drinking-water from which he got his primary infection, and this in the face of the fact that a teakettle and the kitchen fire, with twenty minutes' boiling, will provide him with sterile water.

Nurses might do much towards correcting many of these every-day abuses if they would apply the same principles which govern nickel-plated sterilizers, glass tables, and expensive water-filters to the ordinary household affairs and to surgical work done in the home.

If all the education our schools give goes no further than to leave the pupil under the impression that these scientific principles can be applied only by elaborate and expensive methods, then it is time we bestirred ourselves to disabuse their minds of anything so erroneous and pernicious.

SCARLET FEVER: ISOLATION AND DISINFECTION

By FRANCES E. MORLEY

Boston

To the nurse just starting out in private work, with hospital standards fresh in mind, the adaptation of strict rules to the new conditions is often perplexing.

How shall she observe all the regulations of asepsis in operative work, of isolation and disinfection in contagious cases?

The first requisite is to be thoroughly grounded in the hospital practice in such work. She should know how and why these things are done.

Her experience in asepsis should be such that every act becomes automatic, so that she could no more think of touching an instrument with unwashed hands than she would a hot stove with bare hand. But